

COMPREHENSIVE STOOL ANALYSIS

Date Received : 04/21/2025 Date Tested : 04/22/2025 Sent Method : upload Source : Stool Service No : 83968

Patient:	Date of Birth:	Sex:	Health Practitioner: ND John Arango
	Home Phone:		Business Phone:
	Business/Cell Phone:		Facsimile:

History:

Foreign Travel:

Symptoms: Soft stool, undigested food, bloating, gas.

Past Infection /Treatment: Parasites.

Other infected in household:

Intestinal parasites: Normal value = 0 (not marked) Reference range: 0 (negative) - 4 (heavy presence) Specimens fixed and transported in SAF and concentrated using CONSED Reagent System (Alpha Tec, Vancouver, WA)

Protozoa:			Cestoda (Tapeworms):		
Entamoeba coli	cysts	trophozoites	Taenia solium/Taenia saginata		
E. histolytica / E. dispar	cysts	trophozoites	Hymenolepis nana		
Entamoeba hartmanni	cysts	trophozoites	Hymenolepis diminuta		
Iodamoeba butschili	cysts	trophozoites	Dipylidium caninum		
Endolimax nana	cysts	trophozoites	Diphyllobothrium latum		
Giardia lamblia	cysts	trophozoites	Nematoda (Roundworms):		
Chilomastix mesnili	cysts	trophozoites	Ascaris lumbricoides		
Balantidium coli	cysts	trophozoites	Ancylostoma/Necator		
Blastocystis hominis			Strongyloides stercoralis		
Dientamoeba fragilis			Trichostrongylus sp.		
Trichomonas hominis			Trichuris trichiura		
1 Cryptosporidium parvum			Enterobius vermicularis		
Isospora belli			Mansonella sp.		
Cyclospora cayetanensis			Larval Nematode		
Trematoda (Flukes):			Other Observations:		
Schistosoma sp.			Epithelial (squamous) cells		
Fasciola/Fasciolopsis			Epithelial (columnar) cells		
Paragonimus westermani			2 Bacteria (normal bacilli)		
Clonorchis/Heterophyes/Metagonimus			Undigested Tissue		
Fungi Spores and Common Yeasts:			Charcot-Leyden crystals		
1 Candida sp. Candida (dividing)			WBC RBC		
1 Common Yeast Yeast (dividing)			Fatty acid crystals		
Geotrichum sp.			Starch granules		
Kloeckeri sp.			Pollen		
Hyphae			1 Mucus		
Comments (samples tested at the Nogales facility):					

SUMMARY OF FINDINGS

CRYPTOSPORIDIUM PARVUM

Cryptosporidium causes the diarrheal disease cryptosporidiosis and is the second most common protozoan infection in the US. Many species infect humans and animals. Its outer shell allows it to survive outside the body for long periods of time and makes it very tolerant to chlorine disinfection including in surface water treatment plants in the US & Canada. Cryptosporidium may be found in soil, food, water, or surfaces that have been contaminated with the feces from infected humans or animals. Cryptosporidium infections can migrate to respiratory tract and other organ systems. Cryptosporidium is one of the most frequent causes of waterborne disease among humans in the United States, with a considerable number of reported outbreaks.

Transmission: Transmission of *Cryptosporidium parvum* occurs mainly through contact with contaminated water. Community-wide outbreaks have been linked to drinking municipal water or recreational water contaminated with *Cryptosporidium*. Transmission can also occur from person to person through oral-anal sexual contact.

Symptoms: *Cryptosporidium* lives in the intestine of infected humans or animals that shed parasites in the stool by the millions when symptomatic. Symptoms of cryptosporidiosis usually begin 2 to 10 days (average 7 days) after becoming infected with the parasite. The symptoms in order of frequency are watery diarrhea, stomach cramps or pain, dehydration, nausea, vomiting, fever, and weight loss. Some people will have no symptoms. Symptoms usually last about 1 to 4 or more weeks in persons with healthy immune systems but may last much longer if immunocompromised. People with weakened immune systems may develop serious, chronic, and sometimes fatal illnesses in AIDS, Cancer, transplant, and heritable cases. Occasionally, a recurrence of symptoms occurs after a brief period of recovery..

Treatment: Nitazoxanide is recommended for allopathic treatment. Freedom, Cleanse, Restore protocol is recommended for herbal treatment.

Prevention: Avoid drinking unboiled or unpurified tap water and avoid uncooked foods washed with unboiled or unpurified tap water. Avoid oral-anal sexual contact.

CANDIDA

Many species of *Candida* are harmless commensals of hosts including humans; however, when mucosal barriers are disrupted, the immune system is compromised, or the caprylic acid cycle is disrupted, they can invade and cause disease. Many species are found in gut flora including *C. albicans* in mammalian hosts, whereas others live in insect hosts.

Clinical significance: *Candida* is a fungus of worldwide distribution that multiplies proportional to the amount of natural or artificial carbs and sugars in the diet. Diet management is more important in treating *Candida* infections than the actual treatment itself. The most common species of *Candida* in the human intestine is *C. albicans*. When a *Candida* infection becomes systemic, it becomes much harder to treat. *Candida* also infects skin surfaces including oral and vaginal mucosa causing thrush and vaginitis. When host conditions are altered, *Candida* can cause disease in virtually any site where it becomes an indicator of immunosuppression. Among HIV infected individuals as well as those receiving prolonged antimicrobial therapy, thrush manifests as a serious and sometimes disseminated infection producing abscess, thrombophlebitis, endocarditis, or infections of the eyes or other organs (in over 90,000 people a year in the U.S). Women are more susceptible to genital fungal infections than men.

Treatment: Nystatin, Diflucan, Nizoral, or Sporonax are recommended for allopathic treatment. Freedom, Cleanse, Restore protocol is recommended for herbal treatment.

Prevention: Avoid high carb/sugar diets, minimize alcohol consumption, and avoid antibiotics when possible.

COMMON YEASTS

Non-dividing yeasts are usually considered non-pathogenic. Some species of yeast are opportunistic pathogens that can cause infection in people with compromised immune systems including HIV and AIDS patients.

Clinical significance: *Cryptococcus* sp. is a significant pathogen of immunocompromised people causing the disease termed cryptococcosis. This disease occurs in about 79% of AIDS patients in the USA, and a slightly smaller percentage (36%) in Western Europe. The cells of the yeast are surrounded by a rigid polysaccharide capsule, which helps to prevent them from being recognized and engulfed by white blood cells in the human body. Commensal yeasts are also found on the mucous membranes of humans and other warm-blooded animals. While they are usually considered non-pathogenic, sometimes these same strains can become pathogenic. The yeast cells sprout a hyphal outgrowth, which locally penetrates the mucosal membrane, causing irritation and shedding of tissues.

Treatment: Fluconazole is recommended for allopathic treatment. Freedom, Cleanse, Restore protocol is recommended for herbal treatment. Tanalbit, a zinc tannate compound, is also recommended as an herbal alternative.

Prevention: Depending on the species, yeast infections can colonize the respiratory system or intestinal tract becoming systemic. Avoidance of inhaling or ingesting objects/substances contaminated with yeast spores is the best prevention.

BACTERIA NORMAL BACILLI

Bacilli (normal bacteria) is a general term used to describe the morphology of any rod-shaped bacterium. While not all rod shaped bacteria are good, we are reporting on the beneficial rod-shaped bacteria that are in the gut. It is the key in maintaining a healthy immune system.

Clinical significance: At proper levels it helps create energy from the fermentation of undigested carbohydrates and absorption of fatty acids. It also helps prevent the growth of harmful bacteria and fungi such as *Candida*, regulates the development of the gut, and synthesizes vitamins, especially vitamin K and B. The best reading for this is a level of 3. That indicates a good supply of your pro-flora. A level of 2 is adequate. A level of 1 indicates a low reading, and a level of 4 indicates an overgrowth. Bacterial overgrowth is an indicator of a number of pathologies including IBS, CFS, allergies, arthritis, diabetes, fibromyalgia, and autoimmune diseases. Metabolic substances produced by bacterial overgrowth will compromise absorption causing nutrient deficiencies and food allergies. Overgrowth is usually age related. Older people produce less acid in the stomach and therefore are subject to bacterial overgrowth.

Treatment: If a patient scores a 1 or 2, they should either supplement with a probiotic and/or adjust diet to cut out sugars, starches, and vegetable oils and consume real vegetables, proteins, fats, and fermented foods and drinks. Avoid antibiotics whenever possible as they will deplete all bacteria and enhance the growth of *Candida* and related fungi that will compete with healthy intestinal flora for food and space. If the patient scores a 4 (overgrowth), institute a low carb diet and use enteric-coated peppermint oil to control unfriendly bacteria that impair friendly bacteria.

MUCUS

Mucus is a natural product of a healthy intestine to protect against biological agents (parasites/bacteria) or chemical (toxins) agents that may compromise the intestinal lining. It functions as a lubricant for materials that must pass over membranes, e.g., food passing down the esophagus. A layer of mucus along the inner walls of the stomach is vital to protect the cell linings of that organ from the highly acidic environment within it. Mucus does not digest in the intestinal tract. Mucus is also secreted from glands within the rectum due to stimulation of the mucous membrane within. Mucus is often found in cylindrical casts confused by many as parasitic worms. It may be detected wrapped around fecal strands or alone.

Clinical significance: The detection of large amounts of mucus in a stool specimen indicates a serious aggravation of the intestine by parasitic or toxic agents.

Note: The Summary of Findings is for practitioner informational purposes only. References to treatment suggestions refer only to common practices and are not to be construed as PCI recommendations for specific individuals. It is incumbent upon practitioners to decide on the treatment that is best for their patient.